

SOUTHERN LEHIGH SCHOOL DISTRICT
USE OF FITNESS CENTER

COMMUNITY

EMERGENCY INFORMATION DATE _____

Name _____ Birth Date _____
Address _____ Home Phone _____
_____ Work Phone _____
Cell Phone _____

I am a Southern Lehigh School District employee

Emergency Contact Name _____
Emergency Contact Phone _____
Emergency Cell Phone _____

Alternate Contact Name _____
Alternate Contact Phone _____
Alternate Cell Phone _____

MEDICAL INFORMATION:

Do you have any health problems? No _____ Yes _____ If yes, please explain _____

Are you allergic to any medication? No _____ Yes _____ If yes, please explain _____

Are you currently taking any medication on a regular basis? No _____ Yes _____ If yes, please explain _____

Any other information that you would like us to be aware of _____

Choice of Hospital: _____

SHOULD AN EMERGENCY ARRIVE I GIVE MY PERMISSION TO SHARE THE ABOVE INFORMATION WITH THE EMERGENCY MEDICAL SERVICES AND/OR ATTENDING PHYSICIAN. I GIVE MY PERMISSION TO THE ATTENDING PHYSICIAN FOR ANY NECESSARY EMERGENCY TREATMENT.

Signature Date Please notify the school of any changes in the above data. All information will be kept in a secure location.